



PHILIP MORRIS INCORPORATED

ENROLLMENT APPLICATION

In-Company Training and Development Programs

Please use a separate form for each enrollment and return the completed application(s) to Corporate Training and Development.

Workshop Title	Workshop Date(s)
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Last Name (Please print)	First	Extension	Social Security Number
Job Title	Department		<input type="checkbox"/> P.M. Inc. <input type="checkbox"/> P.M. U.S.A. <input type="checkbox"/> P.M. International
I request permission to attend this program	Signature	Date	<input type="checkbox"/> 100 Park, ____Floor <input type="checkbox"/> 120 Park, ____Floor

Immediate Supervisor's Name (Please print)	Extension
I recommend attendance	Immediate Supervisor's Signature
Date	

Course enrollments are confirmed in the order applications are received. You will be notified approximately two weeks before the workshop regarding your enrollment status.

Training and Development
Date Received _____